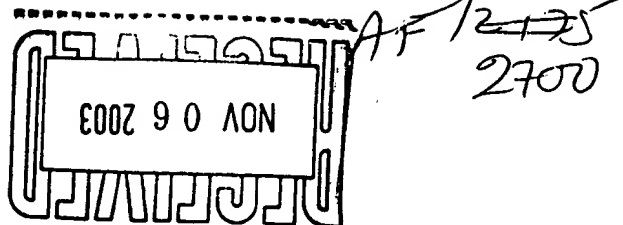




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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/897,826	
	<b>Filing Date</b>	03 July 2001	
	<b>First Named Inventor</b>	Stephen M. REUNING	
	<b>Group Art Unit</b>	2175	
	<b>Examiner Name</b>	Samuel RIMMEL, Esq.	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	Diedre Moire Corp.

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Postcard
<b>Remarks</b>		<b>RECEIVED</b> OCT 29 2003 Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	
Date	See below date

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Typed or printed name	Mark POHL, Reg. No. 35 325
Signature	
Date	22 Oct. 2003

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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/897,826
Filing Date	03 July 01
First Named Inventor	Stephen M. REUNING
Group Art Unit	2175
Examiner Name	Samuel RIMELL, Esq.
Attorney Docket Number	Diedre

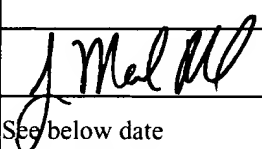
Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Courtesy copy of previously filed Appeal Brief. Please deliver to Examiner RIMELL. |
|--|---|---|

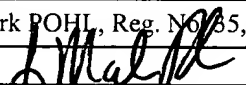
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	
Date	See below date

## CERTIFICATE OF MAILING

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Typed or printed name	Mark POHL, Reg. No. 55,325	Date	26 Feb 2003
Signature			

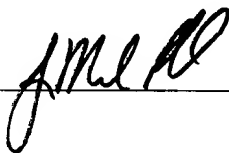
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The submitted papers are enumerated on the enclosed Transmittal Form,  
PTO Form SB/21.

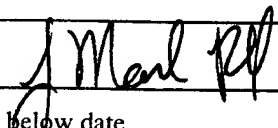
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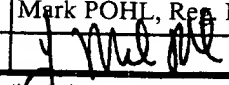
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/897,826	
	<b>Filing Date</b>	03 July 2001	
	<b>First Named Inventor</b>	Stephen M. REUNING	
	<b>Group Art Unit</b>	2175	
	<b>Examiner Name</b>	Samuel RIMELL, Esq., MBA	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	Diedre

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) <u>one</u>	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Mark POHL, Reg.35,325, Pharmaceutical Patent Attorneys
Signature	
Date	See below date

<b>CERTIFICATE OF MAILING</b>		
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Typed or printed name	Mark POHL, Reg. No. 35,325	
Signature		Date 19 Nov. 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 320.00)

## Complete if Known

Application Number 09/897,826  
Filing Date 03 July 2001  
First Named Inventor Stephen M. REYNOLDS  
Examiner Name Samuel RIMELL, Esq. M.B.A.  
Group Art Unit 2175  
Attorney Docket No. Diedre

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee				0.00
106	330	206	165	Design filing fee				0.00
107	510	207	255	Plant filing fee				
108	740	208	370	Reissue filing fee				
114	160	214	80	Provisional filing fee				

SUBTOTAL (1) (\$ 0.00)

### 2. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	0	-20** = 0	9.00	0.00
Multiple Dependent	6	-3** = 3	42.00	0.00

	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) (\$ 0.00)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath				0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet				0.00
139	130	139	130	Non-English specification				0.00
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination				0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action				0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action				0.00
115	110	215	55	Extension for reply within first month				0.00
116	400	216	200	Extension for reply within second month				0.00
117	920	217	460	Extension for reply within third month				0.00
118	1,440	218	720	Extension for reply within fourth month				0.00
128	1,960	228	980	Extension for reply within fifth month				0.00
119	320	219	160	Notice of Appeal				160.00
120	320	220	160	Filing a brief in support of an appeal				160.00
121	280	221	140	Request for oral hearing				0.00
138	1,510	138	1,510	Petition to institute a public use proceeding				0.00
140	110	240	55	Petition to revive - unavoidable				0.00
141	1,280	241	640	Petition to revive - unintentional				0.00
142	1,280	242	640	Utility issue fee (or reissue)				0.00
143	460	243	230	Design issue fee				0.00
144	620	244	310	Plant issue fee				0.00
122	130	122	130	Petitions to the Commissioner				0.00
123	50	123	50	Processing fee under 37 CFR 1.17(q)				0.00
126	180	126	180	Submission of Information Disclosure Stmt				0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)				0.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))				0.00
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))				0.00
179	740	279	370	Request for Continued Examination (RCE)				0.00
169	900	169	900	Request for expedited examination of a design application				0.00

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 320.00)

## SUBMITTED BY

Name (Print/Type) Mark POHL, Esq.  
Registration No. 35,325  
Signature [Signature]  
Telephone (973) 665-0275  
Date 19 Nov. 2002

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